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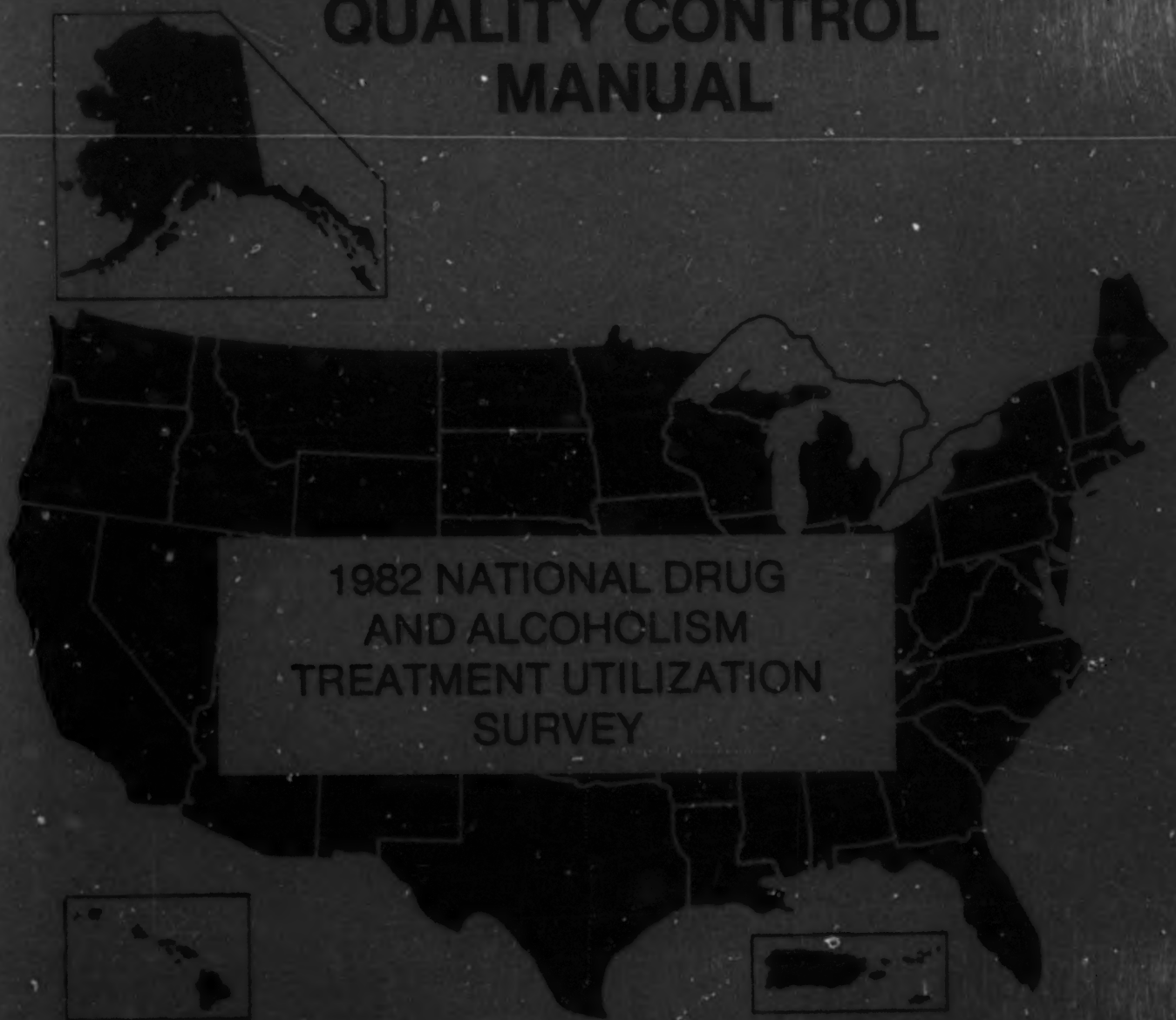
NDATUS STATE DATA COLLECTION PROCEDURES AND QUALITY CONTROL MANUAL



1982 NATIONAL DRUG AND ALCOHOLISM TREATMENT UTILIZATION SURVEY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

HE 20. 8008:

PREFACE

The State Data Collection Procedures and Quality Control Manual provides State drug and/or alcohol agency staff with procedural guidelines for conducting the 1982 National Drug and Alcoholism Treatment Utilization Survey (NDATUS). The contents include: a brief description of the NDATUS background and objectives; suggested data collection and control procedures; and quality control guidelines. Instructions for completing the survey form are available in the NDATUS Instruction Manual.

NDATUS data collection and analysis are conducted for the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) by a contractor. If you have problems or questions about the survey that are not addressed in this manual, please contact the NDATUS Project staff for assistance. Inquiries should be directed to:

NDATUS Project
c/o Lawrence Johnson & Associates, Inc.
4545 42nd Street, N.W., Suite 103
Washington, D.C. 20016
(202) 537-6900

The results of the NDATUS survey are crucial in maintaining a national repository for drug abuse and alcoholism treatment data. The National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism recognize that State agency staff play a critical role in the success of a survey of this scope. The Institutes wish to express their appreciation for your cooperation and assistance in this effort.

READEX FICHE

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GLOSSARY

QUESTIONNAIRE

INTRODUCTION

NDATUS is designed to collect data on client census, capacity, funding sources, and staffing for each treatment service unit, or clinic, that provides services directly to clients. While the focus of NDATUS is on data reporting from treatment units, the identification information on page one may also be supplied by non-treatment units for inclusion in the National Directory of Drug Abuse and Alcoholism Treatment Programs. For NDATUS, a treatment unit is a facility having (1) a formal structured arrangement for alcohol or drug treatment using alcohol or drug-specified personnel, (2) a designated portion of the facility (or resources) set aside for treatment services, and (3) an allocated budget for such treatment services. A treatment unit must directly provide treatment services to clients at the facility's location.

For NDATUS reporting purposes, the organization that administers two or more direct service units or clinics but does not provide treatment is called a program. Separate services units, or clinics, operated by the same program should report their information separately to NDATUS and should not be aggregated at the program level. Each treatment unit should have a separate and unique NDATUS identifier. It is recognized that many service units operate independently and administer themselves.

In 1980, 92 percent of the known drug abuse and/or alcoholism treatment units submitted completed NDATUS questionnaires. This response rate is attributed to the perceived utility of the data at the State level and also the potential for obtaining a complete listing of all treatment and other services located within a State.

NDATUS data are aggregated at the national, SMSA, regional, and State levels. Major uses of NDATUS include surveying the number and kinds of treatment services available, trends in treatment utilization rates, and annual fluctuations in funding allocation. Specifically, the objectives of the 1982 NDATUS are to:

1. Establish and maintain a current inventory of all existing drug abuse and alcoholism treatment units and other service units throughout the United States;

2. Identify treatment capacity;

3. Identify treatment demand by environment and modality;

4. Ascertain the relative mix of funding for drug abuse and alcoholism treatment services;

5. Determine number of staff employed, client-staff ratios, and extent of volunteer resources.

NDATUS data currently serve as the sole information resource on alcoholism and drug abuse treatment units. The cooperation of all units, whether publicly or privately funded, is needed to obtain comprehensive and accurate survey results.

The State alcoholism and drug abuse agencies are integral and critical participants in the NDATUS process. They identify new treatment units, distribute survey forms, provide assistance to responding units, collect completed forms, and conduct the initial quality control.

Because of the complexity and large volume of data collected in NDATUS, a three step quality control process has been developed. The first two steps entail manual editing procedures by the States and NDATUS Project staff that are conducted before the data are keypunched. The third step is an automated computer editing program that is carried out after the data have been keypunched.

Quality control of data at the State level is important for several reasons. The first is that the State is generally more familiar with the responding units and also has access to more State and local records to corroborate and verify the data reported to NDATUS. In addition, before NDATUS Project staff contact units concerning problems identified through the form editing process, they will first contact the States. Thus, it is quicker and more efficient for the quality control to occur at the State level.

The quality control effort at the State level should focus on data entry legibility, consistency of client, funding, and staffing data, completeness of responses, and reasonableness of data. Reasonable parameters for data entries are included in this manual.

The NDATUS Project staff quality control effort is done primarily to supplement the State activity. The staff reviews the forms mainly for completeness and consistency. The automated computer editing program utilized after the data have been keypunched rechecks col[illegible] row totals, field lengths, expected range of values, and data in[illegible]tencies that could result primarily from keypunch errors.

Section I of this manual deals with Data Collection and Control Procedures, while Section II describes suggested Quality Control Procedures.

SECTION I

DATA COLLECTION AND CONTROL PROCEDURES

This section describes a mail survey approach to NDATUS data collection which has been successfuly used in the past. To further ensure complete survey responses, States will probably have to initiate some direct contact with treatment units.

The timetable below is suggested for planning your State survey effort. The final date to return all forms to the NDATUS Project office (December 15) is firm.

1982 NDATUS Implementation Schedule

Receive Survey Materials, Confirm Addresses	September 1-7, 1982
Mail Survey Forms to Units	September 19, 1982
Due Date for Return of Forms to State	October 15, 1982
Conduct Telephone Follow-up of Unresponsive Units	October 15 - November 7, 1982
Quality Control Forms	October 7 - November 14, 1982
Return All Forms to NDATUS Project Office (Weekly)	No Later Than December 15, 1982

The remainder of this section outlines and describes the major steps in the NDATUS data collection process. These steps include:

- Receipt of survey materials
- Preparation for mailing survey forms
- Follow-up on outstanding forms
- Quality control of completed forms
- Batching forms for return to NDATUS project staff.

A. Receipt of Survey Materials

NDATUS materials will be sent to State drug and alcholism agency staff in early September. These materials will include the following items:

1. State Data Collection Procedures and Quality Control Manual - This manual will be forwarded to the States as early as possible. This will allow the State liaisons to become familiar with the 1982 NDATUS materials and procedures before most of the materials arrive in early September.

2. Forms with computer-printed unit identification information on page 1 - For every unit which reported to NDATUS in 1980, or is otherwise known to exist, available identification information will be printed on page 1 of the survey form. These units represent all drug abuse and alcoholism treatment and service units currently known to NIDA and NIAAA. Units need not complete the identification information fields for the data which are already correctly entered on the NDATUS survey form.

   Survey forms of units with computer-printed information have been assembled and are ready for mailing.

   These forms are sorted and packaged according to ascending NDATUS identifier order within unit type. Unit types and sequence are drug units, alcoholism units, combined drug and alcoholism units; and, units of an as yet undetermined or unknown type.

   In most States with separate drug and alcohol agencies, unless otherwise instructed, survey forms for drug and combined drug and alcohol units will be sent to the drug agency, and survey forms for alcohol units will be sent to the alcohol agency.

   All units which have computer-printed identification information on page 1 will also have mailing labels printed, and will be included on the Listing of Units by City and Master Control Listing which are explained below.

3. Forms with a blank page 1- Unless otherwise requested, each State will receive a supply of forms with a blank page 1 that is equal to 10 percent of the total number of units in that State currently on the NDATUS file. These forms should be sent to all known active drug and alcohol units for which no identification information has been computer printed and which otherwise would not be surveyed. These units will be identified through file reconciliation and units identification procedures explained below. If additional copies of these forms are needed, please contact the NDATUS Project at (202) 537-6900.

4. Unit Mailing Labels - Mailing labels are provided for all units which have the computer-printed identification information on page 1. These labels are sorted in the same manner as the survey forms and the unit names on the Master Control Listing (i.e., unit type and NDATUS identifier sequence). Unless otherwise requested, two sets of mailing labels are provided. One set is intended to be used for the initial survey mailing. The second set can be used for mailing a follow-up letter or additional form to units which did not respond to the initial mailing.

5. Instruction Manuals - A yellow-covered instruction manual is provided for each survey form. The NDATUS Instruction Manual provides detailed explanations of each item on the survey form. All survey forms mailed to the reporting units should be accompanied by a copy of this manual.

6. Envelopes - A supply of 9 1/2 by 12 inch envelopes is provided to each State for mailing the form, instruction booklet, and accompanying cover letter to the reporting units within the State.

7. Listing of Units by City - Units are listed alphabetically by name within cities also listed in alphabetical order (see Figure 1). The listing provides the following information for identified units:

   - Unit name
   - Street address
   - City, State, Zip Code
   - Unit type
   - NDATUS Number

   This listing is a complete directory of all units on the current NDATUS file. Each unit listed here has computer-printed identification information on page 1 of a survey form and a mailing label, and is included on the Master Control Listing which are sorted in a different manner, as explained below.

   The units have been listed in this manner to facilitate new unit identification and reconciliation of the NDATUS file and other State records and directories. The States should compare their own records with this listing in order to identify incorrect addresses or missing units which should be surveyed in the current NDATUS effort.

8. Control Cards - This year, the control cards are being printed on index cards designed to assist the States in monitoring the NDATUS collection effort. Figure 2 displays the card content and format. Each card contains all the pertinent information for one unit. The units for each State are printed on these cards in NDATUS identifier order by type of unit (i.e., drug only, alcohol only, combined, unknown). There will be a card corresponding to each entry on the city listing.

   These cards are provided so that they may be put in the order most convenient to each State. They serve as a control listing for the tracking of each unit's reporting status. In addition to the identification information for each unit, each card also contains spaces for noting follow-up telephone calls.

FIGURE 1

CITY LISTING

POLICE YOUTH BUREAU — NDATUS ID: ND900015
205 NORTH FIFTH STREET
BISMARCK ND 58501
TEL NO (701)255-3643
COMBINED TREATMENT

STATE DEPT. OF HEALTH DIVISION OF ALCOHOLISM AND DRUG ABUSE — NDATUS ID: ND900320
909 BASIN AVENUE
BISMARCK ND 58505
TEL NO (701)224-2768
COMBINED TREATMENT

TURTLE MOUNTAIN COUNSELING AND REHABILITATION CENTER — NDATUS ID: ND750014
P.O. BOX 520
DELCOURT ND 58316
TEL NO
COMBINED TREATMENT

LAKE REGION COUNCIL ON ALCOHOL AND DRUG PROBLEMS, INC. — NDATUS ID: ND900171
HUMAN SERVICES BUILDING
DEVILS LAKE ND 58601
TEL NO (701)662-4943
COMBINED TREATMENT

BADLANDS HUMAN SERVICES CENTER — NDATUS ID: ND900171
ALCOHOL AND DRUG SERVICES
DICKINSON STATE COLLEGE CAMPUS
PULBER HALL
DICKINSON ND 58601
TEL NO (701)227-2271
COMBINED TREATMENT

FIGURE 2

CONTROL CARDS EXAMPLES

CONTROL CARDS FOR PREVIOUSLY IDENTIFIED UNITS

VA101123
TYCON DRUG ABUSE TREATMENT CENTER

207 GREENE BOULEVARD

MCLEAN VA 22109
ROBERTA STONE
TEL NO (703)555-1212

DRUG
TREATMENT

1982 NDATUS SURVEY RECORD
DATE MAILED TO UNIT _____
DATE TELEPHONE FOLLOW-UP (1) _____
(2) _____
(3) _____
DATE RETURNED TO STATE _____
QUALITY CONTROL COMPLETED _____
DATE MAILED TO NDATUS PROJ. _____

UPDATE:
() ACTIVE
() DRUG
() ALCOH.
() COMB.
() TRTMT.
() NONTRTMT
() CLOSED
() INAPP.
DUP. OF _____

CONTROL CARDS FOR NEW UNITS

1982 NDATUS SURVEY RECORD
DATE MAILED TO UNIT _____
DATE TELEPHONE FOLLOW-UP (1) _____
(2) _____
(3) _____
DATE RETURNED TO STATE _____
QUALITY CONTROL COMPLETED _____
DATE MAILED TO NDATUS PROJ. _____

UPDATE:
() ACTIVE
() DRUG
() ALCOH.
() COMB.
() TRTMT.
() NONTRTMT
() CLOSED
() INAPP.
DUP. OF _____

9. Quality Control Procedures - Section II of this manual includes suggested quality control procedures to assist in editing forms for consistency in response and reasonableness of data.

10. Transmittal Slips - Each batch of forms that is returned to the NDATUS Project should include a transmittal slip which indicates the numbers and types of forms submitted in a given batch. A sample transmittal slip is illustrated in Figure 3.

11. NDATUS Project mailing labels - Each State will receive a supply of mailing labels with the name and address of the NDATUS Project. Completed survey forms should be quality controlled, accumulated in batches of about 20, and forwarded to the NDATUS Project office for processing. (States may prefer to return completed forms in weekly batches.)

FIGURE 3

TRANSMITTAL SLIP

TO: NDATUS DATA PROCESSING CENTER

FR: _____
(State)

_____
(NDATUS Liaison Name)

BATCH NO: _____ DATE SUBMITTED _____

FORM TYPE	NO. SUBMITTED
ACTIVE UNITS	
CLOSED UNITS	
DUPLICATES	
INAPPROPRIATES	
TOTAL	

In most States, the above materials will be sent in several packages that will be labeled "1 of 5" or "3 of 3", etc. When all packages have apparently been received, confirm that an adequate supply of all materials have been received by completing the inventory listed below.

Survey Materials Inventory

Number Received	Item	Expected
_____	1. State Data Collection Procedures and Quality Control Manual	(2)
_____	2. Forms with computer-printed identification information on page 1	(Varies with each State)
_____	3. Forms with blank page 1	(10% of forms in 2)
_____	4. Unit mailing labels	(2 sets)
_____	5. Instruction manuals	(Equal to forms in 2 & 3)
_____	6. Mailing envelopes	(Equal to forms in 2 & 3)
_____	7. Listing of Units by City	(1)
_____	8. Control Cards	(1)
_____	9. Transmittal Slips	(10 - 20)
_____	10. NDATUS Project franked mailing labels	(10 - 20)

B. Preparation for Mailing Survey Forms

Before the survey materials are assembled and mailed to the reporting units, the unit listing by city should be carefully reviewed and compared to current State records. The purpose of this review is twofold. First, it serves to identify additional units which are not currently known to NIDA and NIAAA; and second, it serves to identify units with new addresses or phone numbers, units which have closed, and units which may be mistakenly listed twice.

As noted previously, the city listing of units is generated in alphabetical order by city to facilitate matching of NDATUS file data with information available at the State level. When differences between the listings occur, they should be corrected on the master control listing. Since the control card is printed in NDATUS identifier sequence within unit type, information on any given unit which requires updating can be quickly located. It is important that corrections and changes be noted on the master control listing so that this information is available for follow-up activities later in the survey.

For all units identified on the computer output, printed labels are provided for mailing the survey materials to the reporting units. In cases where changes in unit name and/or address are noted on the control listing, similar updates should be applied to these mailing labels. However, there is no need to update this information on the survey form itself, since the units will have the opportunity to do so themselves.

For units which do not appear on the computer output, mailing labels will need to be prepared by the State. An adequate supply of survey forms with a blank first page will be supplied for mailing to these units.

Units which are closed, duplicates, or inappropriate for NDATUS reporting should be noted by checking the appropriate status category on the master control listing. The computer-printed first page of the survey form for these units should be detached, labeled, and returned to the NDATUS Project. The following format is suggested:

At the same time as these activities are occurring, an adapted version of the Sample Cover Letter to Units (see Figure 4) should be prepared. Once the revised letter is prepared, arrangements should be made for securing an appropriate signature (agency director is recommended), reproducing a sufficient supply of cover letters, and planning for personnel to assemble the survey packets.

FIGURE 4

SAMPLE COVER LETTER TO UNITS

Dear Unit Director:

The National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, with cooperation from the State agencies for alcoholism and drug abuse, are currently conducting a national survey of all drug abuse, alcoholism, and combined drug and alcoholism treatment units. This survey, known as the National Drug and Alcoholism Treatment Utilization Survey (NDATUS), is designed to obtain capacity, census, staffing and funding information from all units, regardless of funding, as of September 30, 1982. Your support is essential to the success of this effort. All responding units will be included in a National Directory which you will receive.

The enclosed materials are designed to assist your unit in providing a complete, accurate, and timely survey response. These materials include an instruction booklet, a survey form, and a return-addressed envelope. Please read the instruction booklet before filling out the survey form, giving particular attention to the following items:

- Client Characteristics - The total number of clients in both the Race/Ethnicity and the Age/Sex matrix should equal the total number of actual clients.

- Funding Information - Should reflect a time period which includes September 30, 1982.

- Paid Direct Care Staff Characteristics - Provide Race/Ethnicity and Sex data only for the paid staff involved in direct care.

The NDATUS data currently serve as the sole information resource on alcohol and drug abuse treatment units and is collected only every other year. The cooperation of all units, whether publicly or privately funded, is needed to obtain comprehensive and accurate survey results.

The survey form has been printed on carbonless paper. In order to prevent the transfer of information from one set of pages to the next, please separate each page with its two copies by removing the staple from the upper left-hand corner of the form. After the form has been completed, the pink copy may be retained for your files. The remaining copies (white and yellow) should be collated, stapled, and returned to (name and address of State coordinating agency) by October 15, 1982. If you have any questions, please contact (name of appropriate State liaison at [telephone number]).

Thank you very much for your cooperation. Your expeditious completion and return of the form will be appreciated.

Sincerely,

Any State anticipating a need for assistance with survey implementation is urged to contact the NDATUS office as soon as that need is identified.

C. Follow-up on Outstanding Forms

The master control listing (index cards) includes spaces for tracking the progress of each form through the system. In addition to space for recording dates of the procedures specified, current NDATUS file data has been supplied for use in the quality control effort.

It is also recommended that States with large numbers of units compile weekly counts of the number of forms outstanding, received, and quality controlled. This strategy will facilitate planning extra staff time at the end of the survey to complete telephone follow-up for outstanding survey forms. If needed, States should request technical assistance well before the reporting deadline.

D. Batching Forms for Return to NDATUS Office

To ensure accurate recordkeeping between the State and the NDATUS staff, the following procedures are recommended for returning forms to the NDATUS Project.

1. Group all forms by the status categories indicated on the transmittal slip (see Figure 3):

   - Active units
   - Closed units
   - Duplicates
   - Inappropriates

   Only the white copy of the survey form should be returned to the NDATUS project office. The yellow copy of the form is for the State's records; the pink copy is for the unit. Before separating the white and yellow copies, make sure the units have entered their unique identifier in the upper right-hand corner of each page of the form so that the form can be properly reassembled. All forms should be then collated and stapled.

   States are encouraged to return completed forms to the NDATUS Project as soon as possible after quality control has been completed. Transmittals of about 20 forms are preferred. Small States may be able to include all forms in two or three transmittals; larger States will require many mailings. For this reason, 10-20 transmittal slips and NDATUS Project office mailing labels have been supplied.

2. Complete transmittal slips. For each transmittal, count the forms in each status category and total the number of forms included in the transmittal. Enter all figures on the transmittal slip as well as the date of mailing. The transmittal slip should be signed by the person who counted and batched the forms and prepared them for transmittal. Forms for each of the status categories should be bound and appropriately labeled.

3. Send the packet to the NDATUS Project office via a delivery service or registered mail (if possible) to assure safe arrival of all materials. The mailing address is:

NDATUS PROJECT
c/o Lawrence Johnson & Associates, Inc.
4545 42nd Street, N.W., Suite 103
Washington, D.C. 20016
(202) 537-6900

To be included in the final data analysis, forms must be received no later than December 15, 1982. If you anticipate any difficulty in meeting this reporting deadline, please arrange for assistance by contacting the NDATUS Project office.

SECTION II

QUALITY CONTROL PROCEDURES

This section of the manual includes suggested quality control procedures to assist State personnel in editing forms for consistency and reasonableness of data.

A. GENERAL INSTRUCTIONS

Quality Control of Completed Forms

Quality control at the State level emphasizes three responsibilities:

- Ensuring completeness and legibility of responses
- Monitoring for internal consistency
- Confirming accuracy of responses.

Thus, while States are requested to review all forms for both format and content, the State priority should be to focus on data content. Please refer to the edit checks in this document for more details.

In performing this review, all changes, corrections, and/or additions to the form that are entered by the State should be entered in red pencil or red ink pen. (The units have been requested to complete the forms using black, blue, or other dark ink, pencil, or black ribbon typewriter.) Entries should be made using block letters to assure legibility.

States should confirm that all treatment units have completed the client capacity and funding/staffing pages of the survey form. Responses should be critically reviewed to ensure that funding, staffing, and clients in treatment are at reasonable levels. Large inconsistencies may indicate that the unit has misinterpreted a data item. In the past, for example, community mental health centers and hospitals that include substance abusers among their clientele have had a tendency to report total budget or staff rather than drug and/or alcoholism funding and personnel. In cases where item responses suggest such a problem, phone calls should be made to units to verify the validity of the response. If an apparently inconsistent response does represent the unit's circumstances accurately, an explanatory note should be included on the form. This will facilitate quality control by the NDATUS Project staff.

Special attention should be given to the following items:

1. Definition of Inappropriate Units

Inappropriate units are facilities which do not provide alcoholism or drug abuse treatment or prevention services as defined for NDATUS. The definition of a treatment unit for NDATUS is a facility having available (1) a formal structured arrangement for alcohol or drug treatment using alcohol or drug-specified personnel, (2) a designated portion of the facility (or resources) for treatment services, and (3) an allocated budget for such treatment services. A treatment unit must directly provide treatment services to clients at the facility's location. A prevention unit primarily designs activities to prevent individuals and groups from becoming dependent on the regular use of alcohol and/or licit or illicit drugs.

Units which provide only administration, education, prevention, intervention, referral, intake and screening, and other similar non-treatment services may either be reported to NDATUS as inappropriate, or may complete page one of the survey form so as to be included in the survey for directory purposes. This decision should be made by the State and used consistently throughout the survey.

2. Treatment Capacity Utilization

It should be noted that one intent of NDATUS is to measure the number of clients receiving treatment, not to differentiate clients in treatment by primary drug of abuse. Units which receive only alcoholism funding must report only alcoholism clients. If clients in alcoholism units are being treated for drug abuse problems, they must still be reported as alcoholism clients. Likewise, clients in drug abuse units receiving treatment for alcoholism problems must be reported as drug abuse clients if drug abuse funding is being utilized.

3. Additional Important Guidelines

- Each item on the form has a limit to the maximum number of characters (including spaces) which can be entered into that particular data field. Keep responses below 38 characters per line on the longer items, such as the name and address of the unit, and no more than 20 characters on most other responses.

- Any corrections or additions should be entered above or beside the incorrect item. All incorrect entries should be crossed out so the correct entry is clear. Letters and numbers which are most often confused and require special clarity when written are:

  C vs G L vs T S vs 5 U vs V

  D vs P M vs H T vs F W vs N

- If an entry appears to be incorrect, the editor should consult with the unit directly before making any changes.

- If a unit has been contacted to verify, amend, or modify reported data, make a written notation on the appropriate page of the survey form regardless of whether any changes were made.

- If the unit is currently on the NDATUS file, the NDATUS Identifier assigned to the unit will appear on the right side of the first page. This NDATUS unit identifier should be entered in the upper right corner of all subsequent pages.

B. PRELIMINARY EDIT CHECKS

Verify that the unit has completed the required number of pages, as outlined below:

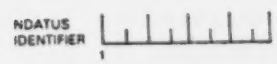
Type of Unit	Required Pages
Nontreatment units such as administrative units	1
Units solely providing alcoholism treatment	1,2,4
Units solely providing drug abuse treatment	1,3,4
Combined units providing both alcoholism and drug abuse treatment	1-4

C. ITEM BY ITEM EDIT CHECKS

NDATUS Form Page 1. Unit Identification and Description

ITEMS TO BE REVIEWED BY THE STATE.

NDATUS Identifier



This item will appear on the computer-printed first page and master control listing for units currently in the NDATUS data base which consists of all active drug and alcohol units currently known to NIDA and NIAAA.

For known units which have lost the computer printed first page with the computer-printed identification information, or for whom this page is blank, obtain NDATUS identifier from the master control listing and enter it on the top of the first page and on following pages.

Leave this field blank for all new units or units not previously reported. An NDATUS identifier will be assigned to this unit by the NDATUS Project Office.

Edit Checks

- Verify that the NDATUS identifier entered on other pages of the form matches the computer-printed number on the first page.
- All entries must be numeric and right-justified, e.g., 01.

A. IDENTIFICATION

UNIT IDENTIFICATION AND DESCRIPTION
Page 1 is to be completed by all reporting units.

FOR OFFICIAL USE ONLY
367 ☐ 1. Closed 2. Duplicate 3. Inappropriate

A. IDENTIFICATION — Review information on current NDATUS file.			Enter new and/or corrected items only.		
Clinic Name (Service Unit)			Clinic Name (Service Unit) 2		
Clinic Name (Service Unit) (continued)			Clinic Name (Service Unit) (continued) 3		
Street Address			Street Address 4		
Street Address (continued)			Street Address (continued) 5		
City	State	Zip Code	City 6	State 7	Zip Code 8
County	Unit's Telephone No.	Ext. (if any)	County 9	Unit's Telephone No. 10	Ext. (if any) 11
Mailing Address (if different from above)			Mailing Address (if different from above) 12		
Mailing Address (continued)			Mailing Address (continued) 13		
City	State	Zip Code	City 14	State 15	Zip Code 16
Unit Director's Name			Unit Director's Name 17		
Director's Telephone No.		Ext. (if any)	Director's Telephone No. 18		Ext. (if any) 19
Program Name (Administrative Unit)			Program Name (Administrative Unit) 20		
Program Name (Administrative Unit) (continued)			Program Name (Administrative Unit) (continued) 21		

Units on the NDATUS file will have a turnaround page generated with identification information computer-printed on the left side of the first page. Any information that was incorrect or missing on the left side should have been corrected or entered on the right side of page by the unit. New units or units not previously reporting to NDATUS will have to complete all the identification information on the right side of a blank first page.

- If a correction has been entered by the unit on the right side of the computer-printed page one, be sure that the entry differs from the information on the left side of the page. If the same information is entered on both sides of the page, line out the right side.

Clinic Name or Service Unit Name

- This item must be completed for all units. This should be the official name of the unit for identification purposes and should uniquely identify the unit.

- For units which are part of a larger program, the program name should not be entered here, but in fields 20 and 21. However, if a unit cannot be uniquely identified by its official name, the unit name should include a portion of the supervisory program name.

- The sum of characters, blanks, and punctuation must not exceed 38 digits on each line. For names under 38 digits in length, entries should be made only on the first line. No punctuation should be used in the name (e.g., periods, commas, apostrophes). Spell the name out in full. Abbreviations should be used only when absolutely necessary to fit the name on the two lines provided. Commonly used name abbreviations are listed below:

Administration (ive)	Admin
Alcohol	Alc
Center	Ctr
Comprehensive	Comp
Coordinating	Coord
Detoxification	Detox
Facility	Facil
Incorporated	Inc
Medical	Med
Methadone Maintenance	Meth Maint
Outpatient	Outpt
Program	Prog
Project	Proj
Rehabilitation	Rehab
Residential	Res
Services	Serv
Therapeutic Community	Ther Comm

Street Address

- This field denotes the street address of the unit's actual physical location. Entries must not exceed 38 characters on each line.

- For street addresses under 38 characters in length, entries should be made only on the first line.

- Room numbers, building names, and department names should be entered on the second line.

- No punctuation such as periods, commas, apostrophes should be used.

- Street addresses should be written out in full, e.g., East 91st Street, 1400 Pennsylvania Avenue. Abbreviations should be used only when absolutely necessary to fit the address on the two lines provided. Commonly used address abbreviations are listed below:

Street	St
Avenue	Ave
Place	Pl
Road	Rd
Drive	Dr
Square	Sq
Boulevard	Blvd
Terrace	Ter
Court	Ct
Building	Bldg
Highway	Hwy
North, South,	never abbreviated
East, West	never abbreviated
Post Office	P.O.
City	never abbreviated
County	Cnty

City

- This item must have an entry and comply with field length requirement (29). Names such as Saint Paul, Mount Pleasant, and Fort Hunt should be spelled out in full.

State

- The correct State postal abbreviation should be entered. These are listed below:

State	State Postal Abbrev.	State	State Postal Abbrev.
ALABAMA	AL	HAWAII	HI
ALASKA	AK	IDAHO	ID
ARIZONA	AZ	ILLINOIS	IL
ARKANSAS	AR	INDIANA	IN
CALIFORNIA	CA	IOWA	IA
COLORADO	CO	KANSAS	KS
CONNECTICUT	CT	KENTUCKY	KY
DELAWARE	DE	LOUISIANA	LA
D.C.	DC	MAINE	ME
FLORIDA	FL	MARYLAND	MD
GEORGIA	GA	MASSACHUSETTS	MA

MICHIGAN	MI	OREGON	OR
MINNESOTA	MN	PENNSYLVANIA	PA
MISSISSIPPI	MS	RHODE ISLAND	RI
MISSOURI	MO	SOUTH CAROLINA	SC
MONTANA	MT	SOUTH DAKOTA	SD
NEBRASKA	NE	TENNESSEE	TN
NEVADA	NV	TEXAS	TX
NEW HAMPSHIRE	NH	UTAH	UT
NEW JERSEY	NJ	VERMONT	VT
NEW MEXICO	NM	VIRGINIA	VA
NEW YORK	NY	WASHINGTON	WA
NORTH CAROLINA	NC	WEST VIRGINIA	WV
NORTH DAKOTA	ND	WISCONSIN	WI
OHIO	OH	WYOMING	WY
OKLAHOMA	OK		

Outlying areas of the United States:

PUERTO RICO	PR	GUAM	GU
VIRGIN ISLANDS	VI	TRUST TERRITORIES	TT

Zip Code

- If the field is blank, the correct ZIP code must be entered.

County

- This item must have an entry and comply with field length requirement (20). Names such as Saint Paul, Mount Pleasant, and Fort Hunt should be spelled out in full.

Unit's Telephone Number

- This item must be present and entirely numeric to be valid.
- Director's telephone number may be inserted if the unit's telephone number is blank. Follow-up is required if both fields are blank.

Extension (if any)

- This field may be blank.
- If entered, it must be numeric and conform to field length requirement (5).

Mailing Address

- These fields denote the street address or post office box, city, State, and ZIP code to which correspondence for the unit should be mailed. These fields may be blank since entry is required only if the mailing address is different from the location address. Delete mailing address if identical to street address.

- If present and different from unit's address, these fields must conform to requirements outlined with respect to street addresses.

Unit Director's Name

- If present, entry must comply with field length requirement (38) and should be entered as the individual would sign his/her name.

  John A Smith, ACSW

  Middle initial and degree are optional.

- If absent, followup is necessary.

Director's Telephone Number

- This item must be present and valid (see unit telephone number).

- Unit's telephone number may be inserted if the director's telephone number is blank. Followup is required if both fields are blank.

Extension (if any)

- This field may be blank.

- If entered, it must be numeric and conform to field length requirement (5).

Administrative Unit or Program Name

- This field may be blank for units which operate independently and are not part of a larger program.

- Entries should not exceed 38 characters per line and names less than 38 characters should be entered on the first line. Abbreviations may be used when needed to save space (see guidelines above on clinic name for abbreviations).

B. UNIT'S ORIENTATION

B. UNIT'S ORIENTATION — Enter in the box the number of the response that best describes this unit's orientation. (Select only one response.)

22 ☐ 1. Alcoholism services 2. Drug abuse services 3. Alcoholism and drug abuse services

368 ☐ Check here if this unit's principal function is prevention services

- One of the three options must be entered in the box.
- If blank, or more than one option has been entered, followup to the unit is required.
- Entry should correspond to type of treatment capacity reported for treatment units on pages 2 and 3. Followup is necessary for treatment units which report a variance between unit orientation in this item and type of treatment capacity (alcoholism and/or drug abuse) reported on pages 2 and 3.
- For units which primarily provide prevention services, the box on the right side of this section should be checked, and only Page 1 need be completed.

C. UNIT'S PHYSICAL ENVIRONMENT

C. UNIT'S PHYSICAL ENVIRONMENT — Enter in the box the number of the response that best describes this unit's physical environment. (Select only one response.)

23 ☐
1. Community mental health center
2. Mental/psychiatric hospital
3. General hospital, including VA Hospitals
4. Other specialized hospital
5. Correctional facility
6. Free standing facility
7. Other

- One of the seven options must be entered in the box.
- If blank, or more than one option has been entered, followup to the unit is required.

D. POPULATION SERVED

D. POPULATION SERVED — Enter in the box the number of the response that best describes the residence of the principal population served by this unit. (Select only one response.)

24 ☐ 1. Inner city 2. Other urban 3. Suburban 4. Rural

- One of the four options must be entered in the box. Entry should refer to the living area of most of the clients and not the physical location of the unit. For a definition of the categories, see the Glossary.
- If blank, or more than one option has been entered, followup to the unit is required.

E. ALCOHOLISM/DRUG ABUSE SERVICES

E. ALCOHOLISM/DRUG ABUSE SERVICES — Check all services provided directly at your facility.

28

- ☐ 1. Individual therapy and/or counseling
- ☐ 2. Group therapy and/or counseling
- ☐ 3. Family therapy and/or counseling
- ☐ 4. Legal counseling and/or representation
- ☐ 5. Job counseling and placement
- ☐ 6. Vocational rehabilitation and skill training
- ☐ 7. Education
- ☐ 8. Psychological testing
- ☐ 9. Research/evaluation
- ☐ 10. Outreach
- ☐ 11. Aftercare followup
- ☐ 12. Child care
- ☐ 13. Transportation
- ☐ 14. Staff training
- ☐ 15. Alternatives
- ☐ 16. Referral
- ☐ 17. Information
- ☐ 18. DWI program
- ☐ 19. Physical examinations
- ☐ 20. Intake and screening
- ☐ 21. Emergency care
- ☐ 22. Other medical services
- ☐ 23. Early intervention
- ☐ 24. Employee assistance program
- ☐ 25. Self help groups available
- ☐ 26. Occupational alcoholism program
- ☐ 27. Other

- Units may report as many services as is appropriate.

F. SPECIALIZED PROGRAMS

F. SPECIALIZED PROGRAMS — Check all specialized programs for any of the following population groups provided at your unit.

29

- ☐ 1. Blacks
- ☐ 2. Hispanics
- ☐ 3. Women
- ☐ 4. Youth
- ☐ 5. Elderly
- ☐ 6. Public inebriates
- ☐ 7. Not applicable
- ☐ 8. Other

- Units should indicate appropriate specialized programs or check "not applicable".

G. OWNERSHIP

G. OWNERSHIP — Enter in the box the number of the response that best describes the type of organization legally responsible for the operation of this unit. (Select only one response.)

30 ☐

FOR PROFIT	NONPROFIT	STATE-LOCAL GOVERNMENT	FEDERAL GOVERNMENT
1. Individual	4. Church related	7. State government	13. U.S. Public Health Service
2. Partnership	5. Nonprofit corporation	8. County government	14. Armed Forces
3. Corporation	6. Other nonprofit	9. City government	15. Veterans Administration
		10. City-county government	16. Federal Prison System
		11. Hospital district	17. Other federal agency
		12. Other substate governments	18. Administrative Office of the U.S. Courts

- One of the eighteen options must be entered in the box.
- If blank, or more than one option has been entered, followup to the unit is required.

PAGE 2 - CLIENT POPULATION TREATED WITH ALCOHOLISM FUNDING

General Instructions

- Page 2 should be completed by all units providing treatment services to alcoholism clients.
- All row and column totals should equal the sum of the fields within the row or column, respectively.

- Capacity for alcoholism treatment should be indicated for all units reporting funding for alcoholism treatment. Unit should be contacted if this capacity is not reported.

- All units reporting alcoholism treatment clients should report some capacity and funding for alcoholism treatment.

A. Actual Clients in Treatment and Treatment Capacity

FACILITY LOCATION / TYPE OF CARE		24-HOUR CARE				LESS THAN 24-HOUR CARE			TOTALS
		DETOX MEDICAL MODEL	DETOX SOCIAL SETTING	REHAB MODEL	CUSTODIAL DOMICILIARY MODEL	AMBULATORY MEDICAL DETOX	LIMITED CARE (INCLUDING DAY CARE)	OUTPATIENT SERVICES	
HOSPITAL	Actual	31	32	33	34	35	36	37	38
	Capacity	39	40	41	42	43	44	45	46
QUARTERWAY HOUSE	Actual	47	48	49	50	51	52	53	54
	Capacity	55	56	57	58	59	60	61	62
HALFWAY HOUSE/ RECOVERY HOME	Actual	63	64	65	66	67	68	69	70
	Capacity	71	72	73	74	75	76	77	78
OTHER RESIDENTIAL FACILITY	Actual	79	80	81	82	83	84	85	86
	Capacity	87	88	89	90	91	92	93	94
OUTPATIENT FACILITY	Actual					99	100	101	102
	Capacity					107	108	109	110
CORRECTIONAL FACILITY	Actual	111	112	113	114	115	116	117	118
	Capacity	119	120	121	122	123	124	125	126
TOTALS	Actual	127	128	129	130	131	132	133	134
	Capacity	135	136	137	138	139	140	141	142

- Generally, it is assumed that any cell that has an entry of 1 or greater in the row(s) labeled "actual" should have an entry of 1 or greater in the corresponding "capacity" cell below. Units that report actual clients with no capacity should be contacted to verify the accuracy of this information. However, no attempt should be made to force an entry into the capacity cell. Even if the unit wishes to report no capacity for that facility location/type of care, the response should be accepted as reported.

- If a large discrepancy between the number of actual clients and the unit's capacity is reported, the entries should be verified with the unit.

- The totals for facility locations, types of care, and grand totals (actual and capacity) should be checked and corrected if necessary. Special care should be taken to insure that units have not combined "actual" and "capacity" entries in their column totals. If totals are blank, compute and enter them.

    - The capacity totals should be compared to the total alcohol funding and number of staff for reasonableness, based on guidelines shown below.

AVERAGE COST PER CLIENT

Type of Facility	Average Cost 1979	Expected Ranges
Hospital	$15,300	$10,000 - 20,000
Outpatient	740	400 - 1,000
Residential	5,100	3,000 - 10,000
Correctional Facility	400	200 - 600

CLIENT TO STAFF RATIOS
(Based on Actual Clients in Treatment)

Type of Facility	1979 Ratio	Expected Ranges
Outpatient	21:1	14:1 - 28:1
Residential	3:1	2:1 - 4:1

B. Client Characteristics of Alcoholism Population

CLIENT RACE ETHNICITY	NUMBER OF CLIENTS
American Indian or Alaskan Native	245
Asian or Pacific Islander	246
Black, not of Hispanic origin	247
Hispanic	248
White, not of Hispanic origin	249
TOTAL	250

SEX / AGE	CLIENTS		TOTAL
	MALES	FEMALES	
18 and under	253	254	255
19-20	258	259	260
21-44	263	264	265
45-59	268	269	270
60-64	273	274	275
65 and over	278	279	280
TOTAL	283	284	285

Client Race/Ethnicity

- Check that the "TOTAL" was computed correctly. If "TOTAL" is blank, compute and enter the figure.
- The "TOTAL" must equal the total of actual clients entered in Section A. State should make every attempt to reconcile differences.

Age/Sex

- Check that the "TOTAL" cells were computed correctly. If the "TOTAL" cells are blank, compute and enter the figure.
- The grand total of clients by age and sex categories should equal the total of actual clients entered in Section A.

PAGE 3 - CLIENT POPULATION TREATED WITH DRUG FUNDING

General Instructions

- Page 3 should be completed by all units providing treatment services to drug abuse clients.
- All row and column totals should equal the sum of the cells within the row or column, respectively.
- Capacity for drug treatment should be indicated for all units reporting funding for drug treatment.
- All units reporting drug treatment clients should report some capacity and funding for drug treatment.

A. Actual Clients in Treatment and Treatment Capacity

ENVIRONMENT		MODALITY				TOTALS
		DETOXIFICATION	MAINTENANCE	DRUG FREE	OTHER MODALITY*	
PRISON	Actual	184	185	186	187	188
	Capacity	189	190	191	192	193
HOSPITAL	Actual	194	195	196	197	198
	Capacity	199	200	201	202	203
RESIDENTIAL	Actual	204	205	206	207	208
	Capacity	209	210	211	212	213
DAYCARE	Actual	214	215	216	217	218
	Capacity	219	220	221	222	223
OUTPATIENT	Actual	224	225	226	227	228
	Capacity	229	230	231	232	233
TOTALS	Actual	234	235	236	237	238
	Capacity	239	240	241	242	243

*Specify other modality _____ 244

- Generally, it is assumed that any cell that has an entry of 1 or greater in the row labeled "actual" should have an entry of 1 or greater in the corresponding "capacity" cell below. Units that report actual clients with no capacity should be contacted to verify the accuracy of this information. However, no attempt should be made to force an entry into the capacity cell. Even if the unit wishes to report no capacity for that modality/environment, the response should be accepted as reported.

- If a large discrepancy between the number of actual clients and the unit's capacity is reported, the entries should be verified with the unit.

- The totals for environment, modality, and grand totals (actual and capacity) should be checked and corrected if necessary. Special care should be taken to ensure that units have not combined "actual" and "capacity" entries in their totals. If totals are blank, compute and enter them.

- If clients are reported under "Other Modality" check that the modality has been specified. It should be a legitimate treatment modality and should not duplicate one of the specified modalities.

- The capacity totals should be compared to the total drug funding and staffing to check that they are reasonable and consistent. As a point of reference, 1979 NDATUS average cost figures and client/staff ratios are provided below. In addition, broad ranges or reasonable expected responses around these averages are provided. Units which report data out of these ranges should be contacted to verify the data.

AVERAGE COST PER CLIENT

Modality/Environment	Average Cost 1979	Expected Ranges
Drug Free/Outpatient	$1,400	$1,000 - 1,800
Drug Free/Residential	5,600	3,900 - 7,300
Methadone/Outpatient	1,750	1,250 - 2,250
Daycare/Drug Free	2,200	1,500 - 2,900
All Modalities/Hospitals/ Inpatient	15,300	10,700 - 19,900

CLIENT TO STAFF RATIOS

(Based on actual clients in treatment)

Modality/Environment	1979 Ratio	Expected Ranges
Drug Free/Outpatient	13:1	9:1 - 17:1
Methadone/Outpatient	20:1	13:1 - 27:1
Residential/Drug Free	4:1	3:1 - 5:1

B. Client Charactertistics of the Drug Population

CLIENT RACE/ETHNICITY	NUMBER OF CLIENTS
American Indian or Alaskan Native	143
Asian or Pacific Islander	144
Black, not of Hispanic origin	145
Hispanic	146
White, not of Hispanic origin	147
TOTAL	148

SEX / AGE	CLIENTS		TOTAL
	MALES	FEMALES	
18 and under	151	152	153
19-20	156	157	158
21-44	161	162	163
45-59	166	167	168
60-64	171	172	173
65 and over	176	177	178
TOTAL	181	182	183

Client Race/Ethnicity

- Check that the "TOTAL" was computed correctly. If "TOTAL" is blank, compute and enter the figure.
- The "TOTAL" must equal the total of actual clients entered in section A.

Age/Sex

- Check that the "TOTAL" cells were computed correctly. If the "TOTAL" cells are blank, compute and enter the figure.
- The grand total for both Males and Females must equal the total of actual clients entered in Section A.

PAGE 4 - FUNDING AND STAFFING INFORMATION

FUNDING SOURCE	TOTAL ALCOHOL DOLLAR AMOUNT	TOTAL DRUG DOLLAR AMOUNT
Column 1	Column 2	Column 3
1. ADAMHA block grant	286	287
2. Other ADAMHA program support (including formula & uniform act)	288	289
3. Other Federal funds, e.g., from Federal Prison System, Bureau of Community Health Services, Veterans Administration, etc.	290	291
4. State government	292	293
5. Local government, e.g., city, county	294	295
6. State/local government fees for service	296	297
7. Social Services Block Grant (formerly Title XX)	298	299
8. Private donations, e.g., charities, United Way	300	301
9. Public welfare	302	303
10. Public health insurance, e.g., CHAMPUS, Medicaid, Medicare	304	305
11. Private health insurance, e.g., Blue Cross/Blue Shield	306	307
12. Client fees	308	309
13. Other (specify below) 314 _____	310	311
TOTAL FUNDING	312	313

General Instructions

- Funding amounts should include only monies for drug abuse and/or alcoholism treatment. (See Glossary for definition of funding sources.)
- Funding figures should be expressed in actual dollar amounts (rounded to the nearest dollar), not in thousands of dollars.
- Check that the sum of the cells within each column equals the respective drug and/or alcohol total.
- If funds are reported under "Other", check that the funding source has been specified and is not a duplicate of one of the sources listed on the funding page.
- The sum of the drug and alcohol funding should be compared to the 1979 average funding figures (see tables below) to check that they are reasonably consistent. Units which report data that vary substantially from these average cost per client ratios should be contacted to verify the data.

ALCOHOLISM TREATMENT UNITS
AVERAGE CAPACITY AND FUNDING PER UNIT - NDATUS 1979

Type of Facility	Average Capacity	Average Funding
Outpatient	97	$72,000
Hospital	33	458,000
Residential	25	118,000
Correctional Facilities	111	44,000

DRUG ABUSE TREATMENT UNITS
AVERAGE CAPACITY AND FUNDING PER UNIT - NDATUS 1979

Environment/Modality	Average Capacity	Average Funding
Outpatient		
Drug Free	44	$62,000
Methadone Maintenance	196	343,000
Residential		
Drug Free	29	161,000
Day Care		
Drug Free	76	166,000
Inpatient/Hospital		
Drug Free	12	129,000
Detoxification	12	230,000

A. Treatment Unit Staffing

Number		PAID STAFF: DIRECT CARE* Physicians	Registered Nurses	Other Medical	Psychologists MA and above	Social Workers MSW and Above	Counselors Credentialled &/or Counseling Degree	Counselors Other	Other Direct Care Staff	PAID STAFF: SUPPORT Admin or Support Staff	VOLUNTEERS: DIRECT CARE STAFF	VOLUNTEERS: ADMIN OR SUPPORT STAFF
FULL TIME STAFF:		315	316	317	318	319	320	321	322	323	324	325
PART TIME STAFF:	Persons (Less than 35 Hrs. Wk)	326	327	328	329	330	331	332	333	334	335	336
	Total Part time Hrs. Wk	337	338	339	340	341	342	343	344	345	346	347
SEPARATIONS:		348	349	350	351	352	353	354	355	356		

- Staff figures should include only those full and part-time staff who worked at the drug and/or alcohol treatment unit. (See Glossary for definitions)
- Followup is required if only support staff have been reported. No followup is required if only direct care staff are reported since their credentials might all fall into those categories.
- Check that the number separated are reasonable when compared to the number of paid staff.
- The sum of the entries for paid staff involved in direct client care should equal the totals in item B.

B. Race/Ethnicity and Sex for Paid Staff Involved in Direct Client Care

RACE/ETHNICITY	NUMBER OF DIRECT CARE STAFF
American Indian or Alaskan Native	357
Asian or Pacific Islander	358
Black, not of Hispanic origin	359
Hispanic	360
White, not of Hispanic origin	361
TOTAL	362

SEX	NUMBER OF DIRECT CARE STAFF
Male	363
Female	364
TOTAL	365

Total numbers of full time and part time, paid direct care staff in A should equal totals in B.

Staff Race/Ethnicity

- Check that the "TOTAL" was computed correctly. If "TOTAL" is blank, compute and enter the figure.

- The "TOTAL" must equal the sum of the full-time and part-time direct care paid staff in section A. If totals differ, and no arithmetic errors are detected, followup is required.

Sex

- Check that the "TOTAL" was computed correctly. If "TOTAL" is blank, compute and enter the figure.

- The "TOTAL" must equal the sum of the full-time and part-time direct care paid staff in section A. If totals differ, and no arithmetic errors are detected, followup is required.

Glossary of Terms

Active Client - An individual who: (1) has been admitted to the treatment unit and for whom a treatment plan has been developed, (2) has been seen on a scheduled appointment basis at least once during September 1982, and (3) has not been discharged from treatment, i.e., continued care is expected to be given this client.

ADAMHA Block Grant Funds - Funds received by the project through the State under the Alcohol and Mental Health and Drug Abuse Services Block Grants, Title XIX, Part B of the Omnibus Budget Reconcilitation Act of 1981 (P.L. 97-35).

Administrative Staff - All personnel engaged in administrative duties except for those who have the training or credentials of the disciplines listed on the staffing matrix. Includes accountants, analysts, business managers, data coordinators, evaluators, research assistants, secretaries, et al. A physician or MSW social worker, for example, functioning as the unit director or administrative officer should be reported in PHYSICIANS or SOCIAL WORKERS, MSW and above, respectively.

Ambulatory Medical Detox - See Detoxification.

American Indian or Alaskan Native - A person having origins in any of the original people of North America.

Asian or Pacific Islander - A person having origins in any of the original people of the Far East, Indian subcontinent, Southeast Asia, or the Pacific Islands.

Black, Not of Hispanic Origin - A person having origins in any of the people of sub-Saharan Africa or Haiti.

Client - See Active Client.

Client Fees - Direct payment to the treatment unit from clients for services received. May be proportioned on a sliding-scale based on client income.

Community Mental Health Center - An institution operating under guidelines of the Community Mental Health Center Amendments Act of 1975 (P.L. 94-63) or under State or local legislation modeled after the act. The emphasis of CMHC's is on outpatient care, although they may provide inpatient, intermediate and emergency care.

Correctional Facility - Includes adult or juvenile correctional institutions, re-entry and diversion facilities.

Counselors, Credentialled and/or Counseling Degree: Graduates of an Associate of Arts or above degree program in counseling in an accredited institution of higher learning and/or persons who have been awarded State counselor certification.

Counselors, Other: Staff members who function as counselors who (1) have a degree of any kind which is unrelated to counseling (includes Associate of Arts degree, B.A./B.S. or above in Sociology, Humanities, etc.), (2) have completed some counselor training courses or workshops (may be independent of degree program or State certification), or (3) have no counseling degree or training.

Custodial/Domiciliary Model - Provision of food, shelter, and assistance in routine daily living on a long-term basis for persons with alcohol-related problems.

Daycare - Treatment provided by a unit where the client resides outside of the unit. The client participates in a drug/alcohol abuse treatment program, with or without medication, according to a minimum attendance schedule as defined by the funding source (usually five or more hours per day, five or more days per week). The client has regularly assigned and supervised work functions (salaried or nonsalaried) at the unit.

Detoxification (Alcohol) - Restoration of client sobriety through medical or nonmedical means under the supervision of trained personnel.

> Ambulatory Medical Detox - The use of medication under the supervision of medical personnel to assist an individual to eliminate the effects of alcohol on the body in those cases where the client is neither confined to bed nor in an inpatient setting.
>
> Medical Model - The use of medication under the supervision of medical personnel to systematically reduce or eliminate the effects of alcohol on the body in a hospital or other 24-hour care facility.
>
> Social Setting - Restoration of client sobriety, on a drug-free basis, in a specialized nonmedical facility by trained personnel with physician services available when required.

Detoxification (Drug) - When referring to drug abuse treatment, detoxification is the period of planned withdrawal from drug dependency supported by use of a prescribed medication. If methadone is being used, detoxification cannot exceed 21 days. When methadone detoxification exceeds 21 days, the treatment modality becomes maintenance. However, there are other types of detoxification which may exceed 21 days, such as sedative /hypnotic detoxification, which may last six weeks or longer.

Direct Care Staff - Personnel whose role includes direct interaction with clients or patients during the provision of treatment services.

Drug Free - A treatment regimen that does not include any chemical agent or medication as the primary part of the drug treatment. It is the treatment modality for withdrawal without medication. Temporary medication may be prescribed in a drug free modality, e.g., short-term use of tranquilizers, but the primary treatment method is counseling (individual, group, family, etc.), not chemotherapy.

Environment - The setting in which the drug abuse client is treated. See also Daycare, Hospital, Outpatient, Prison, and Residential.

Facility Location - The place at which a particular type of care is administered.

Free Standing Facility - Is a service facility that is not physically located in a hospital, correctional facility, or mental health center. These are facilities that one would enter only to receive alcohol or drug services. Examples are most storefront clinics, halfway houses, quarter-way houses, and recovery homes.

Full-Time Employee - An individual who works 35 or more hours per week.

Funding Source - Includes all sources of operating funds for a treatment unit in effect during a twelve month time span which includes the survey date, (September 30, 1982).

General Hospital, Including VA Hospitals - Non-specialized hospitals where the average length of stay for a patient is less than 30 days. A VA hospital is a hospital which operates under the auspices of the Veterans Administration.

Halfway House/Recovery Home - A community based, peer group oriented, residential facility that provides food, shelter and supportive services (including vocational, recreational, social services) in a supportive non-drinking environment for ambulatory and mentally competent recovering alcoholics who may be re-entering the work force. It also provides or arranges for provision of appropriate treatment services. The recovery home concept is used mainly in California.

Hispanic - A person of Cuban, Mexican, Puerto Rican, and all other Spanish cultures and origins, regardless of race (includes Central and South America and Spain).

Hospital - An institution that provides 24 hour services for the diagnosis and treatment of patients through an organized medical or professional staff and permanent facilities that include inpatient beds, medical and nursing services. Clients residing in hospital settings should be receiving services primarily for alcoholism and/or other drugs of abuse.

Inner City - The older and more densely populated area of a large city usually housing a low-income population.

Limited Care - Food, emergency shelter and alcoholism treatment services provided to clients who routinely do not stay overnight; includes day care.

Maintenance - The continued administering and/or dispensing of methadone, L-alpha acetylmethadol (LAAM), or propoxyphene napsylate (Darvon-N), in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin and other morphine-like drugs, for an individual dependent on heroin. This category also includes those clients who are being withdrawn from maintenance treatment.

Medical Model Detox - See Detoxification.

Mental/Psychiatric Hospital - A medical facility which offers short-term intensive inpatient treatment and prolonged inpatient treatment to persons suffering from a variety of mental or psychiatric disorders, including alcohol and drug-related disorders. Such facilities can be public or private.

Modality - The primary treatment approach or regimen assigned to the client by the treatment unit staff. Modalities are differentiated by the type and extent of therapy and services administered to the client. See also Detoxification, Maintenance, Drug Free, and Other Modality.

NDATUS Identifier - A unique identifier assigned to each respondent to the NDATUS system. This identifier consists of eight characters. The first two characters are the standard State postal abbreviation for the State in which a given unit is located. The remaining six characters are numeric.

Other ADAMHA Program Support - Include here all other funds received for alcohol or drug abuse treatment from NIAAA, NIDA, or NIMH through direct project grants/contracts (including services and services research), Statewide Services Grants, State Alcohol Services Development Program, or Formula and Uniform Act Grants.

Other Direct Care Staff - All direct care personnel who do not function as counselors and who do not have any of the preceding categories listed on the staffing matrix of the survey form. Includes the various therapeutic specialties.

Other Federal Funds - Funds made available to the States or treatment units from any other Federal Agency, e.g. Federal Prison System, Veterans Administration, Bureau of Community Health Services, Indian Health Service, etc.

Other Medical - Includes licensed practical and vocational nurses, physicians' assistants, orderlies, pharmacists and other allied health professionals.

Other Modality - Type of drug abuse treatment used that is other than detoxification, maintenance or drug free. Examples include acupuncture, transcendental meditation, etc. Must be specified and different from listed modalities.

Other Residential Facility - A live-in setting where nonmedical rehabilitative alcoholism services are available to residents in locations such as foster homes, group homes or boarding houses. See Quarterway House and Halfway House/Recovery Home.

Other Specialized Hospital - Hospitals other than mental/psychiatric hospitals that emphasize the diagnosis and treatment of particular disorders, e.g., epilepsy, maternity, orthopedics, etc.

Other Urban - The areas within the corporate limits of large cities other than the inner city area; or individual places of population, 2,500--50,000.

Outpatient - Treatment provided by a unit where the client resides outside the facility. The client participates in a drug abuse treatment program with or without medication, and attends the treatment unit according to a predetermined schedule for services that include counseling and supportive services. Outpatient differs from daycare in that the outpatient client attends the treatment unit less frequently and does not have regularly assigned and supervised work functions at the unit.

Outpatient Facility - An establishment or a distinct part of an establishment, which is primarily engaged in providing alcoholism services for persons who reside elsewhere.

Outpatient Services - Evaluation and treatment, or assistance services, provided on a short-term basis to clients who reside elsewhere.

Part-time Employee - An individual who works less than 35 hours per week.

Physical Environment - The type of facility in which the unit is located. See Community Mental Health Center, Mental/Psychiatric Hospital, General Hospital, Other Specialized Hospital, Correctional Facility, and Free Standing Facility.

Physicians - Persons with an M.D. or D.O. degree from an accredited medical school who are licensed by the State to practice medicine and/or psychiatry.

Prevention - Those activities that are designed to prevent individuals and groups from becoming dependent on the regular use of alcohol and/or licit or illicit drugs. Available services may vary widely but are generally associated with information, education, alternatives, and primary and early intervention activities, and may also encompass services such as literature distribution, media campaigns, clearinghouse activities, speaker's bureau, and school or peer group situations. These services may be directed at any segment of the population.

Prison - A Federal, State or local unit where the client is incarcerated and participates in a treatment program within the correctional institution. Clients being treated in a secured hospital setting are entered under the prison environment.

Private Donations - Contributions from foundation grants, cash donations, cash value of donated goods, and contributions from United Way and other charitable institutions.

Private Health Insurance - This category includes payments from Blue Cross-Blue Shield plans, other commercial insurance companies, and independent plans. Independent plans include employer- or employee-sponsored programs, health maintenance organizations, and private group clinics.

Psychologists M.A. and above - Persons with a Master's or doctoral degree in Psychology from an accredited institution of higher learning. Individual may or may not need to be licensed by the State to practice psychology.

Public Health Insurance - Benefits paid through Title XVIII (Medicare), XIX (Medicaid), or XVI (Supplemental Security Income, SSI). This category includes the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and the Civilian Health and Medical Program of the Veterans' Administration (CHAMP-VA).

Public Welfare - Medical or social service benefits or payments made available through local general assistance or general relief programs, including food stamps.

Quarterway House - A non-medical residential alcoholism treatment facility that works closely with an accredited hospital. It provides post-detoxification alcoholism treatment, through the use of permanent facilities, professional personnel, residential bed care, ambulatory care and health-related services using intensive multi-model therapeutic regimes of often between 14-30 days.

Registered Nurses - Nurses who graduated from a State approved nursing school and have passed the board examinations used to certify registered nurses. Includes nurse practitioners, and nurses with Associate, diploma, BSN or graduate level degrees.

Rehabilitation Model - An approach which provides, in a residential setting or hospital, a planned program of professionally directed evaluation, care, treatment, or rehabilitation services for alcoholism.

Residential - An environment where the client resides in a treatment unit other than a prison or hospital. Drug treatment halfway houses and therapeutic communities are included in this environment.

Rural - A place located outside of an urban or suburban area and having a population of less than 2,500, i.e., a non-urban place.

Social Services Block Grant - Funds provided to the project through the State under the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) and directed at the goals of reducing or preventing drug and alcoholism dependency, rehabilitating individuals and families, providing for community based care and securing referral or admission for institutional care when other forms of care are not appropriate.

Social Setting Detox - See Detoxification.

Social Workers, MSW and above - Graduates of a Master's or Doctoral degree program from an accredited graduate school of social work.

State Government - Funds provided by State legislation to provide treatment services on a program or unit level. The unit should not include State funds which originate as Block Grant funds from Federal sources, but matching funds for Federal monies should be included in this category.

State/Local Government Fees for Service - State or local monies paid to programs or units as reimbursement for services provided to clients.

State Postal Abbreviation - A standard two-character, alphabetic abbreviation for State name. See Appendix B.

Suburban - The urbanized residential communities which are outside the corporate limits of a large central city but which are culturally and economically dependent on the central city.

Support Staff - All non-administrative staff that are engaged in supportive tasks, such as cooks, dieticians, accountants, business managers, secretaries, security personnel, etc.

Treatment - Formal organized services for persons who have abused alcohol and/or drugs. These services are designed to alter specific physical, mental, or social functions of persons under treatment by reducing client disability or discomfort, and ameliorate the signs or symptoms caused by alcohol and/or drug abuse.

Treatment Capacity - The maximum number of individuals who could be enrolled as active clients as of September 30, 1982 given the unit's staffing, funding, and physical facility at that time. For residential and other 24-hour care units, treatment capacity is equal to the number of beds available at the unit. For outpatient units, treatment capacity reflects the maximum active caseload a unit could carry. This maximum caseload would depend upon such factors as the percentage of total staff hours devoted to direct client care, the average length of counseling sessions, and the frequency of client visits to the unit.

Treatment Unit - A facility having: (1) a formal structured arrangement for alcohol or drug abuse treatment using alcohol or drug-specified personnel, and (2) a designated portion of the facility (or resources) for treatment services. A treatment unit must directly provide treatment services to clients at the facility's location. The unit usually offers some form of initial evaluation or diagnosis of its clients and thereafter, may include a wide range of different services, such as counseling, job placement, or other rehabilitation services.

Type of Care - The method or approach used in the treatment and rehabilitation process.

White - A Caucasian person having origins in any of the people of Europe (includes Portugal), North Africa, or the Middle East.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

OMB No. 0930-0087
Expires: 4-30-83

NATIONAL DRUG AND ALCOHOLISM TREATMENT UTILIZATION SURVEY (NDATUS)

NDATUS IDENTIFIER 1

SEPTEMBER 30, 1982

UNIT IDENTIFICATION AND DESCRIPTION

Page 1 is to be completed by all reporting units.

FOR OFFICIAL USE ONLY
367 ☐ 1. Closed 2. Duplicate 3. Inappropriate

A. IDENTIFICATION — Review information on current NDATUS file. Enter new and/or corrected items only.

Clinic Name (Service Unit)			Clinic Name (Service Unit) 2		
Clinic Name (Service Unit) (continued)			Clinic Name (Service Unit) (continued) 3		
Street Address			Street Address 4		
Street Address (continued)			Street Address (continued) 5		
City	State	Zip Code	City 6	State 7	Zip Code 8
County	Unit's Telephone No.	Ext. (if any)	County 9	Unit's Telephone No. 10	Ext. (if any) 11
Mailing Address (if different from above)			Mailing Address (if different from above) 12		
Mailing Address (continued)			Mailing Address (continued) 13		
City	State	Zip Code	City 14	State 15	Zip Code 16
Unit Director's Name			Unit Director's Name 17		
Director's Telephone No.		Ext. (if any)	Director's Telephone No. 18		Ext. (if any) 19
Program Name (Administrative Unit)			Program Name (Administrative Unit) 20		
Program Name (Administrative Unit) (continued)			Program Name (Administrative Unit) (continued) 21		

B. UNIT'S ORIENTATION — Enter in the box the number of the response that best describes this unit's orientation. (Select only one response.)

22 ☐ 1. Alcoholism services 2. Drug abuse services 3. Alcoholism and drug abuse services

366 ☐ Check here if this unit's principal function is prevention services

C. UNIT'S PHYSICAL ENVIRONMENT — Enter in the box the number of the response that best describes this unit's physical environment. (Select only one response.)

23 ☐
1. Community mental health center
2. Mental/psychiatric hospital
3. General hospital, including VA Hospitals
4. Other specialized hospital
5. Correctional facility
6. Free standing facility
7. Other

D. POPULATION SERVED — Enter in the box the number of the response that best describes the residence of the principal population served by this unit. (Select only one response.)

25 ☐ 1. Inner city 2. Other urban 3. Suburban 4. Rural

E. ALCOHOLISM/DRUG ABUSE SERVICES — Check all services provided directly at your facility.

26
- ☐ 1. Individual therapy and/or counseling
- ☐ 2. Group therapy and/or counseling
- ☐ 3. Family therapy and/or counseling
- ☐ 4. Legal counseling and/or representation
- ☐ 5. Job counseling and placement
- ☐ 6. Vocational rehabilitation and skill training
- ☐ 7. Education
- ☐ 8. Psychological testing
- ☐ 9. Research/evaluation
- ☐ 10. Outreach
- ☐ 11. Aftercare followup
- ☐ 12. Child care
- ☐ 13. Transportation
- ☐ 14. Staff training
- ☐ 15. Alternatives
- ☐ 16. Referral
- ☐ 17. Information
- ☐ 18. DWI program
- ☐ 19. Physical examinations
- ☐ 20. Intake and screening
- ☐ 21. Emergency care
- ☐ 22. Other medical services
- ☐ 23. Early intervention
- ☐ 24. Employee assistance program
- ☐ 25. Self help groups available
- ☐ 26. Occupational alcoholism program
- ☐ 27. Other

F. SPECIALIZED PROGRAMS — Check all specialized programs for any of the following population groups provided at your unit.

28
- ☐ 1. Blacks
- ☐ 2. Hispanics
- ☐ 3. Women
- ☐ 4. Youth
- ☐ 5. Elderly
- ☐ 6. Public inebriates
- ☐ 7. Not applicable
- ☐ 8. Other

G. OWNERSHIP — Enter in the box the number of the response that best describes the type of organization legally responsible for the operation of this unit. (Select only one response.)

30 ☐

FOR PROFIT
1. Individual
2. Partnership
3. Corporation

NONPROFIT
4. Church related
5. Nonprofit corporation
6. Other nonprofit

STATE-LOCAL GOVERNMENT
7. State government
8. County government
9. City government
10. City-county government
11. Hospital district
12. Other substate governments

FEDERAL GOVERNMENT
13. U.S. Public Health Service
14. Armed Forces
15. Veterans Administration
16. Federal Prison System
17. Other federal agency
18. Administrative Office of the U.S. Courts

NDATUS IDENTIFIER

CLIENT POPULATION TREATED WITH ALCOHOLISM FUNDING

This page is to be completed by all units providing treatment services to alcoholism clients.

A. ACTUAL CLIENTS IN TREATMENT AND TREATMENT CAPACITY

For each type of treatment provided at your unit, enter in the row labeled "ACTUAL" the total number of active clients in treatment as of September 30, 1982. Report all clients treated with alcoholism treatment funds, regardless of the source of funds. Do not include clients' parents, relatives, or friends. An active client is an individual who: (1) has been admitted to this treatment unit and for whom a treatment plan has been developed, (2) has been seen on a scheduled appointment basis at least once during September 1982, and (3) has not been discharged from treatment (i.e., continued care is expected to be given to this client). After entering the number of active clients, write in the treatment capacity for each type of care provided at your unit in the row labeled "CAPACITY". Your treatment capacity is the maximum number of individuals who could be enrolled as active clients as of September 30, 1982, given your unit's staffing, funding, and physical facility at that time. For inpatient and residential units, treatment capacity is equal to the number of beds availabie at the unit. For outpatient units, treatment capacity reflects the maximum active caseload a unit could carry. This maximum caseload would depend upon such factors as the percentage of total staff hours devoted to direct client care, the average length of counseling sessions, and the frequency of client visits to the unit.

FACILITY LOCATION / TYPE OF CARE		24-HOUR CARE				LESS THAN 24-HOUR CARE			TOTALS
		DETOX MEDICAL MODEL	DETOX SOCIAL SETTING	REHAB MODEL	CUSTODIAL DOMICILIARY MODEL	AMBULATORY MEDICAL DETOX	LIMITED CARE (INCLUDING DAY CARE)	OUTPATIENT SERVICES	
HOSPITAL	Actual	31	32	33	34	35	36	37	38
	Capacity	39	40	41	42	43	44	45	46
QUARTERWAY HOUSE	Actual	47	48	49	50	51	52	53	54
	Capacity	55	56	57	58	59	60	61	62
HALFWAY HOUSE/ RECOVERY HOME	Actual	63	64	65	66	67	68	69	70
	Capacity	71	72	73	74	75	76	77	78
OTHER RESIDENTIAL FACILITY	Actual	79	80	81	82	83	84	85	86
	Capacity	87	88	89	90	91	92	93	94
OUTPATIENT FACILITY	Actual					99	100	101	102
	Capacity					107	108	109	110
CORRECTIONAL FACILITY	Actual	111	112	113	114	115	116	117	118
	Capacity	119	120	121	122	123	124	125	126
TOTALS	Actual	127	128	129	130	131	132	133	134
	Capacity	135	136	137	138	139	140	141	142

B. CLIENT CHARACTERISTICS OF ALCOHOLISM POPULATION — To the extent that this information is available, please enter the number of clients from your alcoholism treatment population as of September 30, 1982 that are in each of the categories below.

CLIENT RACE/ETHNICITY	NUMBER OF CLIENTS
American Indian or Alaskan Native	143
Asian or Pacific Islander	144
Black, not of Hispanic origin	145
Hispanic	146
White, not of Hispanic origin	147
TOTAL	148

AGE / SEX	CLIENTS		TOTAL
	MALES	FEMALES	
18 and under	151	152	153
19-20	156	157	158
21-44	161	162	163
45-59	166	167	168
60-64	171	172	173
65 and over	176	177	178
TOTAL	181	182	183

NDATUS IDENTIFIER

CLIENT POPULATION TREATED WITH DRUG ABUSE FUNDING

This page is to be completed by all units providing treatment to drug abuse clients.

A. ACTUAL CLIENTS IN TREATMENT AND TREATMENT CAPACITY

For each type of treatment provided at your unit, enter in the row labeled "ACTUAL" the total number of active clients in treatment as of September 30, 1982. Report all clients treated with drug abuse treatment funds, regardless of the source of funds. Do not include clients' parents, relatives, or friends. An active client is an individual who: (1) has been admitted to this treatment unit and for whom a treatment plan has been developed, (2) has been seen on a scheduled appointment basis at least once during September 1982, and (3) has not been discharged from treatment (i.e., continued care is expected to be given to this client). After entering the number of active clients, write in the capacity for each treatment modality and environment provided by your unit in the row labeled "CAPACITY". Your treatment capacity is the maximum number of individuals who could be enrolled as active clients as of September 30, 1982, given your unit's staffing, funding, and physical facility at that time. For inpatient and residential units, treatment capacity is equal to the number of beds available at the unit. For outpatient units, treatment capacity reflects the maximum active caseload a unit could carry. This maximum caseload would depend upon such factors as the percentage of total staff hours devoted to direct client care, the average length of counseling sessions, and the frequency of client visits to the unit.

ENVIRONMENT		MODALITY				TOTALS
		DETOXIFICATION	MAINTENANCE	DRUG FREE	OTHER MODALITY*	
PRISON	Actual	184	185	186	187	188
	Capacity	189	190	191	192	193
HOSPITAL	Actual	194	195	196	197	198
	Capacity	199	200	201	202	203
RESIDENTIAL	Actual	204	205	206	207	208
	Capacity	209	210	211	212	213
DAYCARE	Actual	214	215	216	217	218
	Capacity	219	220	221	222	223
OUTPATIENT	Actual	224	225	226	227	228
	Capacity	229	230	231	232	233
TOTALS	Actual	234	235	236	237	238
	Capacity	239	240	241	242	243

*Specify other modality _____ 244

B. CLIENT CHARACTERISTICS OF DRUG POPULATION — To the extent that this information is available, please enter the number of clients from your drug treatment population as of September 30, 1982 that are in each of the categories below.

CLIENT RACE/ETHNICITY	NUMBER OF CLIENTS
American Indian or Alaskan Native	245
Asian or Pacific Islander	246
Black, not of Hispanic origin	247
Hispanic	248
White, not of Hispanic origin	249
TOTAL	250

SEX / AGE	CLIENTS		TOTAL
	MALES	FEMALES	
18 and under	253	254	255
19-20	258	259	260
21-44	263	264	265
45-59	268	269	270
60-64	273	274	275
65 and over	278	279	280
TOTAL	283	284	285

NDATUS IDENTIFIER

FUNDING INFORMATION

To be completed by all treatment units.

Units unable to provide complete funding information are advised to contact their administrative office or agency for assistance.

For each of the funding sources listed in Column 1 that provide financial support to the treatment unit, enter the following information in the matrix below reflecting the fiscal year in which the date of this survey, Sept. 30, 1982, occurs

- In Column 2, TOTAL ALCOHOL DOLLAR AMOUNT, enter the amount of funding allocated for alcoholism treatment during the current fiscal year.
- In Column 3, TOTAL DRUG DOLLAR AMOUNT, enter the amount of funding allocated for drug abuse treatment during the current fiscal year.

FUNDING SOURCE	TOTAL ALCOHOL DOLLAR AMOUNT	TOTAL DRUG DOLLAR AMOUNT
Column 1	Column 2	Column 3
1. ADAMHA block grant	286	287
2. Other ADAMHA program support (including formula & uniform act)	288	289
3. Other Federal funds, e.g., from Federal Prison System, Bureau of Community Health Services, Veterans Administration, etc.	290	291
4. State government	292	293
5. Local government, e.g., city, county	294	295
6. State/local government fees for service	296	297
7. Social Services Block Grant (formerly Title XX)	298	299
8. Private donations, e.g., charities, United Way	300	301
9. Public welfare	302	303
10. Public health insurance, e.g., CHAMPUS, Medicaid, Medicare	304	305
11. Private health insurance, e.g., Blue Cross/Blue Shield	306	307
12. Client fees	308	309
13. Other (specify below) 314 _____	310	311
TOTAL FUNDING	312	313

TREATMENT UNIT STAFFING

To be completed by all treatment units.

A. For each category of staff, enter the total number of paid and volunteer employees who work at the alcoholism and/or drug abuse unit. All staff members who worked anytime during September are to be included. Under Separations, include all PAID staff separations that occur during the period Oct. 1, 1981 — Sept. 30, 1982.

		PAID STAFF									VOLUNTEERS	
		DIRECT CARE*								SUPPORT		
Number		Physicians	Registered Nurses	Other Medical	Psychologists MA and above	Social Workers MSW and Above	Counselors Credentialled &/or Counseling Degree	Counselors Other	Other Direct Care Staff	Admin. or Support Staff	DIRECT CARE STAFF	ADMIN. OR SUPPORT STAFF
FULL TIME STAFF:		315	316	317	318	319	320	321	322	323	324	325
PART TIME STAFF:	Persons (Less than 35 Hrs./Wk)	326	327	328	329	330	331	332	333	334	335	336
	Total Part time Hrs/Wk	337	338	339	340	341	342	343	344	345	346	347
SEPARATIONS:		348	349	350	351	352	353	354	355	356		

B. RACE/ETHNICITY AND SEX FOR PAID STAFF INVOLVED IN DIRECT CLIENT CARE

In each of the categories listed below, enter the number of paid employees (both full time and part time) that describes your unit's direct care staff by race/ethnicity and sex. Do not include administrative or support staff.

RACE/ETHNICITY	NUMBER OF DIRECT CARE STAFF
American Indian or Alaskan Native	357
Asian or Pacific Islander	358
Black, not of Hispanic origin	359
Hispanic	360
White, not of Hispanic origin	361
TOTAL	362

SEX	NUMBER OF DIRECT CARE STAFF
Male	363
Female	364
TOTAL	365

**Total numbers of full time and part time, paid direct care staff in A should equal totals in B.*

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